

EMPLOYMENT CRIMINAL HISTORY BACKGROUND CHECK INSTRUCTIONS

Utah Code Annotated 53-10-108 allows the release of Utah Criminal History information to qualifying entities. Referring to this code may make determination of your agency's eligibility.

The procedure for requesting Criminal History background information can be provided in one of three ways:

1. Name/DOB search \$15.00 – Completed name list (BCI form 04-01-12) must be submitted by qualifying entity at time of request. This search will check the following files: Utah Criminal History, Utah Statewide Warrant and Protective Order, and Federal Want and Warrant files. Turnaround 7-10 days.

If a hit is made by name on a criminal history record or warrant you will receive notification that the subject of record *may* be the person of your inquiry. Information regarding the criminal history or warrant will be included.

Name checks are based only on information you submit. Include the full name of all applicants, as well as maiden names and formerly used last names (do not use initials). Assure that all other identifying information is included for each applicant.

*2. Fingerprint Verification Search \$20.00 – Fee, one fingerprint cards per applicant and completed name list (BCI form 04-01-12) must be submitted by qualifying entity at time of request. This search will check the following files: Utah Criminal History, Utah Statewide Warrant and Protective Order, and Federal Want and Warrant files. An additional search will check the fingerprint files of the following states: Alaska, Idaho, Montana, Nevada, Oregon, Utah, Washington and Wyoming. Turnaround – 3 to 4 weeks. For an additional \$5.00 the fingerprints will be retained in the AFIS database (applicable only to those entities with statutory authority.)

You will need to include two completed applicant fingerprint cards along with BCI form 06-01-10 for each applicant.

*3. BCI Fingerprint/FBI Check \$36.50 – fee, one fingerprint cards per applicant and completed name list (BCI form 04-01-12) must be submitted by qualifying entity at time of request. Please note on the form that you are requesting an FBI check under statutory authority. Check consists of the Western Identification Network, Utah Criminal History, Statewide Warrant and Protective Order, Federal Want and Warrant, and FBI criminal history files. Turnaround time is 3 to 4 weeks. For an additional \$5.00 the fingerprints will be retained in the AFIS database (applicable only to those entities with statutory authority.)

Fingerprint cards must contain the following:

- 1. All descriptive information
- 2. The *OCA* field with the code assigned to your agency. Please contact BCI for this code.
- 3. The *Reason Fingerprinted* field with: the specific UCA Code authorizing requests.

* In conducting criminal background checks, complete and accurate identification of the individual being checked is of critical importance. It is misleading to think that a computer name check is sufficient to make employment decisions. However, the decision is up to the agency on which type of background you choose.

\Box Criminal History or Warrant information received by the requesting agency may not be photocopied and given to the applicant. You may review the information with the applicant in person and if the applicant wishes to have a copy of the information they must make an application at the Utah Bureau of Criminal Identification.	
☐ Each request sheet must include your agency's full name and address (including street, suite, city, state, zip code and phone number), an authorized signature , the category for which your agency qualifies, and the type of background check requested.	
☐ A money order, cashier's check, commercial business check made payable to the Utah Bureau of Criminal Identification , or credit card number must accompany all requests. If sending multiple money orders/checks, they must be sent in orderly fashion. Numbering the listed names on our form and listing a corresponding number on the money order/check would be acceptable. Please be advised that fees are subject to change due to legislative mandate.	an
☐ The information submitted must be typed, if possible. Additional copies may be found on our website at	
☐ A signed waiver must be kept on file by the employing agency. <i>Do not send to the Bureau of Criminal Identification</i> .	

By signing this request you are certifying that you are using any information obtained properly and in accordance with state law.

UTAH BUREAU OF CRIMINAL IDENTIFICATION

 $3888 W 5400 S-BOX 148280-SALT LAKE CITY UT 84114-8280 \\ (801) 965-4445 (Name/DOB) or (801) 965-4186 or 4134 (Fingerprints) \\ REQUEST FOR CRIMINAL HISTORY INFORMATION FOR EMPLOYMENT PURPOSES$



REQUESTING AGENCY/COMPANY				
Agency/Company Name	WD #	Requestor's Name		
rigologi/company rvanic	WD II	()		
Complete Address		Phone Number		
I certify this request is made pursuant to UCA 53-10-108 and Public Law 10 and accurate. I understand that further dissemination or other use of any cri signed by all applicants and are on file with this office. I understand that signed	minal history information is prohibit	ed by law. I further certify that waiver forms have been		
Authorized Signature	Date			
PURPOSE	FEE**	_		
Fiduciary Funds*	□ \$15.00 Name/DOB	□\$36.50 WIN/FBI Statutory Authority Only		
Describe job or duties	☐ \$20.00 Fingerprint Check	No retention in AFIS database		
☐ National Security	No retention in database (Must include fingerprint ca	(Must include fingerprint card)		
Describe job or duties	☐ \$25.00 Fingerprint Check	\$41.50 WIN/FBI		
☐ Commissioner Public Safety Approval	Statutory Authority Only	Statutory Authority Only Retention in AFIS database		
☐ Other statutory authority*	Retention in database (Must include fingerprint ca	(Must include fingerprint card)		
*Note the reason or statute that authorizes requests	Total # of Searches	Total \$		
APPLICANT NAMES NOTE: A ✓ mark in the box prior to the applicant name indicates a criminal conviction or warrant (Last, First, MI) and documentation will be enclosed.				
1. □ NAME	M/F DOB	SSN:		
DR LIC #/UT	USED LAST NAMES			
2. \(\sum \text{ NAME}	M/F DOB	SSN:		
DR LIC #/UT/FORMERLY USED LAST NAMES				
3. \(\sum \) NAME	M/F DOB	SSN:		
DR LIC #/UT	USED LAST NAMES			
4. □ NAME	M/F DOB	SSN:		
DR LIC #/UT	USED LAST NAMES			
5. \(\sum \) NAME	M/F DOB	SSN:		
DR LIC #/UT	USED LAST NAMES			
6. NAME	M/F DOB	SSN:		
DR LIC #/UT	USED LAST NAMES			
7. \(\sum \) NAME	M/F DOB	SSN:		
DR LIC #/UT	USED LAST NAMES			
8. \(\sum \) NAME	M/F DOB	SSN:		
DR LIC #/UT	USED LAST NAMES			
BCI FORM 06-01-10				

METHOD OF PAYMENT (Check appropriate bo	ox for payment)
☐ Cashier's Check or Money Order or Commercial Busin Credit Card # must accompany all requests. **Fees subject ☐ Credit Card ☐ Visa OR ☐ Master Ca	
Card Number	* 3 digit control # Expiration Date
PRINT Name as it appears on the card:	Zip Code
Cardholder signature:	Date
Qua	alifying Entity
	Address
n connection with my application for employment in a position	ion, which involves: (Check one)
☐ Fiduciary Funds	*
☐ Commissioner of Public Safety Approval ☐ Other statutory authority*Note the reason or statute that authorizes requests	*
ackground check to ascertain any and all information, which	t and present employment, education, and to conduct a criminal may be pertinent to my employment qualifications. I do hereby om any damages of, or resulting from, furnishing such information.
Prospective Employee Signature	Date
Agency Authorized Representative Signature	Date